

Panhandle Regional Collaborative Update

Our former Co-Chair retired last fall. At the start of the second cohort we recruited a new Co-Chair. Dr. Bell from Family Health Associates has agreed to serve as our new Co-Chair.

We added new members to the Regional Collaborative to ensure we had representation from both Cohort 1 & 2 clinics.

The Regional Collaborative approved our PCMH meeting schedule for the year. We scheduled five meetings for this year. The PCMH meetings are attended by both cohort 1 & 2 clinics and RC Members. These meetings have guest speakers and training on PCMH topics & Medical Health Neighborhood services. Every meeting has time allotted for collaboration time between clinics. The meetings are two hours long 3-5pm. We have conducted three meetings with two remaining.

The Regional Collaborative approved our Regional QI project. Reduction in the number of patients with uncontrolled diabetes. We are trying to lower the number of patients per provider of patients with hemoglobin A1C levels greater than 9. We worked with a Certified Diabetic Educator to provide education to clinic Providers and staff. Base line data was gathered. Clinics are scheduling appointments for their patients with uncontrolled A1C levels and working to help to bring the levels below 9, to start.

The Regional Collaborative selected a CHEMS project for the RC Mini Grant. Three agencies are planned to be part of the program.

Bonner County EMS, Boundary Ambulance Service, and Shoshone County EMS. Bonner County EMS is the pilot CHEMS agency. This year they have had 16 patients total. Two patients were active as of the RC Summit. Five patients were identified as having blood pressure issues. The Physician ordered medication changes to stabilize the blood pressure. This potentially averted an emergency department visit and potential hospital admission.

Boundary Ambulance Service and Shoshone County EMS plan to start seeing patients after their staff members finish training in early December.